

Montana Board of Professional Engineers and Land Surveyors
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, MT 59620-0513
406-841-2367, Fax: 406-841-2309
E-MAIL: dlibsdpels@mt.gov
WEBSITE: <http://www.engineer.mt.gov>

EMERITUS APPLICATION

APPLICATION FEE: \$25

Note: Please type or print legible:

Full Name:

Last First Middle

License Number: _____

Permanent Mailing Address: _____
Street or PO Box #

City & State Zip Country

Telephone: (_____) _____
Home

Social Security Number: _____ Foreign ID Number: _____

I am aware that in order to reinstate my license I must meet the following requirements defined in 37-67-321(MCA):

- Payment of applicable fees,
- Meet all current requirements for registration, and
- Demonstrate to the board's satisfaction that for the 2 years preceding the application for licensure the applicant has met the requirements set by the board for maintaining professional competence established under 37-67-315 MCA.

I am affirming that I no longer practice engineering and/or land surveying in the State of Montana and can no longer use my seal. Enclosed is the \$25.00 emeritus application fee made payable to the Board of PELS

(Signature) Date _____